

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003065

Entity Name: RANGER'S NURSERY, LLC

FILED  
Jan 23, 2007  
Secretary of State

**Current Principal Place of Business:**

2531 DEL LAGO DRIVE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

2531 DEL LAGO DRIVE  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-2144094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANGELO, BARRY & BANTA, P.A.  
ATTN: THOMAS P. ANGELO, ESQ.  
515 E. LAS OLAS BOULEVARD, SUITE 850  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

RANGER, VICTORIA  
2531 DEL LAGO DRIVE  
FT. LAUDERDALE, FL 33316 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VICTORIA RANGER

01/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RANGER, VICTORIA  
Address: 2531 DEL LAGO DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete  
Name: MONIQUE RENE EATON,  
Address: 4338 BASS LAKE ROAD  
City-St-Zip: HALE, MI 48739

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTORIA RANGER

MGRM

01/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date